PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10044157

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												THAN
			(Column 1)		(Column 2)		TY	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		* 14			X\$ 9=		OR	X\$18=	252
INDEPENDENT CLAIMS			ط minus 3 =		* 1			X42=		OR	X84=	84
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT			<u> </u>		+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0"						olumn 2	L.,	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT-		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 19	Minus	** 3	Y	=		X\$ 9=		OR	X\$18=	
	Independent	* 5	Minus	***	<u> </u>	= (X42=		OR	X 84 =	86
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	86
		(Column 1)		(Colu	mn 2)	(Column 3)	AD	DII. FEE			ADDIT. I ELI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
•								+140= TOTAL		OR	+280=	
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		= -		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE											TOTAL	
**	If the "Highest Nu		aid For" IN THI	S SPACE	is less tha	n 20, enter "20."	. AD	DIT. FEE		OR	ADDIT. FEE	
		nber Previously Pa					r found	in the app	oropriate box	in co	lumn 1.	